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ABSTRACT

This study of seven female nurses who were presently students at or had graduated from John Abbott College was conducted to determine whether the moral and intellectual development of the participants followed parallel courses; whether the participants adopted a "justice" or a "care" approach to moral questions per Carol Gilligan's model; whether the novice students had already adopted an ethic of care; and whether the nurses changed in their moral outlook as they evolved from novices to experienced graduates. Two first-year nursing students, three third-year nursing students, and two graduates working in an intensive care setting were interviewed and audiotaped. The interviews, which explored views of education, relationships, learning, and moral dilemmas, were analyzed using: (1) Kohlberg's stages of moral development; (2) Belenky's intellectual and moral development schema with epistemological perspectives of silence (i.e., women finding themselves mindless and voiceless), received knowledge (i.e., they can receive and recreate knowledge given to them by external authority figures but cannot create their own), subjective knowledge (i.e., truth and knowledge and personal and private), procedural knowledge (i.e., women are keen to know and gain this knowledge in an objective way), and constructed knowledge (i.e., all truth and knowledge are contextual and created by self and others); and (3) L.M. Brown's "A Guide to Reading Narratives of Moral Conflict and Choice For Self And Moral Voice." Gilligan's ethic of care and responsibility is discussed. The interview schedule and research proposal are appended. (WJT)

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Intellectual and Moral Development In College Student and Graduate Female Nurses

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My husband, Jacek, and my three beautiful daughters have demonstrated so much caring for their student wife and mother through provision of time, support and love.

Abstract

An exploratory case study of seven female student and graduate nurses of John Abbott College analysed provoked responses to a modified Belenky, Clinchy, Goldberger and Tarule (1988) Women's Ways Of Knowing Interview Schedule and assessed Learning Style preference via Kolb's Learning Style Inventory (1981,1976). The resultant data indicates some avenues for future research on the topic at the doctoral level as well as revealing some interesting conclusions to ponder even with a small sample.

A descriptive field study was undertaken using a small cross sectional sample; responses were audiotaped, transcribed and analysed using Belenky et al, Gilligan and Kohlberg based reading guides. Links were noticed between epistemological perspectives and care ethical levels as the participant experienced more intense dilemmas. Learning style approached balance in all four modes (Kolb,1981,1976) as epistemological perpectives broadened. Conclusions and recommendations have implications both for the teaching and practice settings.

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All our lives we make decisions about what to do in a variety of situations. We pass judgments on ourselves and on others. We respond to situations often without profound contemplation, saving that for the philosopher. Nevertheless, our actions are the result of implicit or explicit thought processes. The direction of the thought process has a philosophical base of which one may not be aware, other than that the decisions made "feel" right.

An ethic of caring is central to womens' experience; it has been ignored and/or downgraded in western society for a long time, but more so since the scientific revolution. Women are viewed as morally deficient because of their concern with relationships rather than with rights as defined by men in present day thought (Gilligan,1982, Noddings,1984, Von Morstein,1988).

Nursing has traditionally been closely identified with an ethic of care, and this is reflected in the language of the profession. Being traditionally a female dominated profession imbued with female values, it has been difficult for nurses to recognize and to articulate their legitimate authority and

autonomy. The reality is that care needs to be injected back into the health system. Biomedical advances are expanding possibilities for moral dilemmas and decisions made by any of the health team have an effect on nursing as well as the client.

In spite of the work of nursing philosophers (Aroskar,1987, Benner,1984, Bishop & Scudder, 1987, Fry,1988, Yarling & McElmurray,1986), conscious thought regarding how one makes ethical decisions in nursing has not filtered down to the practitioner to any great extent. In not consciously "owning" an ethic for practice, the average nurse attempts to care for clients and becomes frustrated when her attempts to do so are thwarted by others who have different priorities and /or different implicit ethical standards.

To truly own an ethic, one must be able to articulate one's interpretation of the basis for decision making and to implement the decision within the realms of practical possibility. This requires an awareness of the parameters both of the ethic(s) one chooses to adopt and of coincident ethical approaches.

In recognition of a lack of explicit education in ethics in nursing, when fashioning the new nursing

curriculum for the C.E.G.E.P.(Conseil de l'enseignement generale des etudiantes publiques) or college diploma level, attention was paid to including self development and ethics throughout the three year programme. This programme was put into effect in September, 1988.

Implementation of the self development/ethics thread created a challenging task for nurse educators as most nursing teachers are ill prepared to discuss moral development let alone teach ethics. Generally their educational background has included few courses on ethics or moral epistemology. Ethical concepts were imparted through role modelling by their own clinical instructors or staff nurses with whom they came into contact as students themselves. Teachers are not necessarily aware of the level of moral or intellectual development of either the student or graduate nurse. Without this knowledge, it is difficult to respond to student needs and provide growth opportunities.

This case study is an attempt to explore the experiences of a small group of students and graduates of an anglophone C.E.G.E.P. on the west island of Montreal. Generalizations from this small sample would be highly suspect; however, an open ended approach in

the interviews allows some insight into students' levels of moral and intellectual thought, leading to development of questions for future research and development. Appendix A outlines the research proposal as funded by the Research and Development Committee of John Abbott College to complete this project.

Theoretical base: Moral Development

Lawrence Kohlberg (1975) produced a model of moral developmental stages based on extensive interviewing of students and people in various cultures. His work follows that of Freud, Jung and Piaget. He felt there was a rational basis in moral behaviour and that as we learn different ways of reasoning, we approach moral questions in different ways. Kohlberg identified six stages of moral development:

1) punishment and obedience: physical consequences of an act determine its goodness or badness

2) instrumental relativist: actions that are right satisfy one's own needs and occasionally others

3) "good boy-nice girl": behaviour that pleases or helps others is right; conformity to the social order

becomes important

4) "law and order": authority becomes important; one does one's duty and maintains the social order

5) social contract-legalistic:personal values and opinions are relative; law can be changed in terms of rational consideration of social utility

6) universal ethical principle: self chosen ethical principles direct action (Porter & Taylor,1972).

Although he felt that not everyone would be able to attain stages five and six, critics (most notably Gilligan 1976, 1982) have charged that attainment of stage six is impossible. There is some concern that even people such as Ghandi whom Kohlberg felt was at stage six were not true to the criteria. Nevertheless, Kohlberg's theory has provided the basis for much of the research in the area. Noddings (1984) notes that Kohlberg's approach to moral development is heirarchical and patriarchal. She feels that as women are generally more attuned to caring, it is no wonder that they seldom go past Kohlberg's stage 3. Instead she postulates that they travel another route.

Gilligan noted that when she interviewed women using the tools devised by Kohlberg, their

STAGES	CARE	JUSTICE
	1 Individual Survival	1Punishment Obedience
	1A* From Selfishness to Responsibility	2Instrument-Exchange
	2 Self Sacrifice & Social Conformity	3Inter-personal Conformity
	2A* From Goodness to Truth	4 Social System & Conscience Maintenance
		5 Prior Rights & Social Contract
* marks a transition	3 Morality of Non-violence	6 Universal Ethical Principles

(p.71)

As these theorists continued to explore the parameters of their thoughts, Gilligan has attempted to quantify her data in a way that allows others to replicate her research as well as attempting to be clearer that the care orientation is not confined to women's experience and possibility. Kohlberg and others have examined Gilligan's contention that Kohlberg's scales exclude women. Thought today tends towards the possibility of an integration of the two ethics within one individual, albeit there may exist different levels within the same person under varying circumstances.

The reality of everyday and professional life would seem to indicate that in divers circumstances, the ideal would be to have a variety of ethical approaches from which to best choose according to the circumstances, i.e. a hermeneutical approach.

Theoretical Base: Epistemology

Perry (1970) developed a schema of intellectual and ethical development after conducting indepth interviews with male college students. His work is a benchmark in the field partially because he used open ended interviews to allow as full expression as possible of student thought. This phenomenological approach resulted in a wealth of information that he was able to arrange in an epistemological scheme. When discussing Perry's study twenty eight years later, a note of interest is that Perry mentions alienation as an escape from growth and that it leads to a defeat of care and involvement. "The student finds his greatest sustenance, we feel, in a sense of community **in the risks of caring** [bold added]" (Perry, 1970, p.200). There would seem to be a suggestion that as one becomes

responses were different from those of men. "I began to hear a distinction in these two voices, two ways of speaking about moral problems, two modes of describing the relationship between other and self" (Gilligan, 1982,p.1). Through a review of psychological literature and the interviews she did, Gilligan came to the conclusion that the majority of women developed different ways of approaching life than the majority of men and that these ways were qualitatively different but not hierarchically arranged.

Gilligan expresses the concern that most developmental theories tend to make women appear deviant because the norms are based on the male (1982). Although stressing that the differences found are theme based, she concluded on the basis of empirical evidence that women are associated with an ethic of care and men more clearly articulate an ethic of justice. She developed a model of moral development in the care ethic which contrasts with Kohlberg's scales of development with a justice orientation. Gilligan views these stages as perspectives that may change depending on the circumstances as opposed to structured levels that one "attains". Figure 1 compares the two modes of

development (Brabeck,1985):

FIGURE 1

Comparison of
Gilligan's Morality of Care and Responsibility
and
Kohlberg's Morality of Justice

	Morality of Care and Responsibility (Gilligan)	Morality of Justice (Kohlberg)
Primary Moral Imperative	Non-violence/Care	Justice
Components of Morality	Relationships	Sanctity of Individual
	Responsibilities for Self and Others	Rights of Self and Others
	Care	Fairness
	Harmony	Reciprocity
	Compassion	Respect
	Selfishness/self sacrifice	Rules/ legalities
Nature of Moral Dilemmas	Threats to Harmony & Relationships	Conflicting Rights
Determinants of Moral Obligation	Relationships	Principles
Cognitive Processes for Resolving Dilemmas	Inductive Thinking	Formal/ Logical Deductive Thinking
View of Self as Moral Agent	Connected, Attached	Separate, Individual
Role of Affect	Motivates Care, Compassion	Not a component
Philosophical Orientation	Phenomenological (Contextual Relativism)	Rational: Universal Principle of Justice

more autonomous, one also becomes more alienated from the community. Autonomy is one of the principles held dear in the ethic of justice.

When using Perry's developmental scheme, Belenky, Clinchy, Goldberger, and Tarule (1986) identified that women were responding intellectually, ethically and psychologically in ways that differed from those of men. Basing their work on Gilligan and Perry, they proposed a schema for intellectual and moral development that recognizes input such as intuition, passion, reason and relationship. They arrived at five perspectives: silence, received knowing, subjective knowing, procedural knowing and constructed knowing. Four threads of knowledge, truth, authority and self weave through the perspectives. In addition, procedural knowing is divided into separate and connected knowing. See Appendix B for a summary of this schema.

Belenky et al assert that their scheme is not exclusive to women's experience but that it can accomodate both male and female perspectives. They concur with Gilligan's view that a person's perspective will vary according to the circumstances in which one

finds oneself. Rigid stages of development are seen as nonviable notions of epistemology. This schema outlines the path a person may take as she develops the ability to make decisions based on a multitude of factors.

Education should involve development of the ability to make decisions; good decisions can only be made when we know the criteria upon which the relative merits of a position are judged. Nursing involves psychomotor skills, cognitive and affective tasks. Nurse educators pay attention to the first two categories while ethical education is often left to occur naturally (shades of Rousseau!). A false conclusion is development in the cognitive domain leads to simultaneous progression in the affective domain.

As long ago as 1977, Reilly wondered if "affective education is still perceived as "just happening"... with no suggestion of its being developmental"(p.32). This affective ballgame where moral development is "caught" by the nursing student is still being played in 1989 by those who are reluctant to "play ball" overtly with moral development in nursing. Reilly links values development with self identity and responsibility for action, both in the

legal sense of responsibility and in the sense that one is responsible to act in an active way, to be an advocate for care. Affective education involves attitudes, values and beliefs which, in turn, modify the decisions we make and the actions we take.

By disclosing our underlying values, etc., throughout the learning process in the affective domain of learning, we come to understand why we think and act the way we do. By exposure to other ways of thinking, we become aware of how other people come to act as they do. "Unless I am to be confined to what I already know, an 'educator' in some guise or another has to place new possibilities before me" (Lawson,1979,p.88). He later states that we are expected to exercise some responsibility for our actions and that leads to moral autonomy. Failure to address a student's underlying values and beliefs and omission of exposure to other ways of thinking will guarantee a lack of structure that a student needs for sound decision making.

Ustal (1977) feels strongly that nurses must sensitize themselves as to why they make the decisions they do, in order to give optimum client care. It follows that giving optimum care entails taking a moral

stance on the client's behalf. Uustal expresses the belief that confusion on the part of staff nurses "is partly the result of introjecting the value judgments of others without evaluating these values in terms of one's own experience" (Uustal, 1977, p.9). She sees value clarification as the first step in affective development, leading to action oriented behaviour that incorporates one's conscious value system.

Theoretical Base: Learning Styles

Learning theorists have advanced many theories regarding how students learn, including those of learning styles. Learning style (L.S.) "refers to an individual's unique way of interacting with the environment. It is a hypothetical construct that is intended to help explain the learning process" (Sewall,1986,p.3).

A review of the literature reveals that learning mode definitions vary amongst authors with links to sensory preference, environmental conditions, cognitive style, psychomotor/ kinesthetic abilities, etc. The vast majority of research has been directed towards learning by children (Briggs-Myers,1980,1985,

Canfield,1974, 1980, Cavanagh,1981, Davidman,1981, Dunn,1984, Dunn,Dunn & Price,1981, Gregorc,1984, Hodges,1982, Hunt,1981, Keefe,1976,1982,, Meighan,1985, Renzulli & Smith,1978, Warner,1982). Nevertheless, as "babyboomers" are re-entering colleges and universities, and as employers are recognizing the benefits of ongoing education, there is a growing trend towards examining adult learning styles (Briggs-Myers,1985, Ford,1985, Kolb,1976,1981,1984,1985, Wald,1985). Implicitly research consensus underlines dominance of one or several learning modes over others.

Some authors assume congenitality of L.S. resulting in changing of curricula, matching teaching and learning styles (Cavanaugh,1981, Charles,1976, Dunn,1984, Dunn, Dunn & Price,1981, Hodges,1982, Smith & Renzulli,1984).

Others imply flexibility or reciprocity between student learning and instructor teaching styles. The greater the "style flex", the greater the capacity to learn (Butler,1982, Gregorc,1984, Hunt,1981, Shore,1982). This assumes the learner can increase abilities in the less dominant learning modes.

Kolb advances the experiential theory that

there are four main learning or adaptive abilities - concrete experience(CE), reflective observation(RO), abstract conceptualization(AC) and active experimentation(AE). These abilities are polar in nature and, through the resolution of conflict, the learner or staff member adapts to the situation, responding with a preferred method of dealing with problems known as their L.S. - converger, diverger, assimilator, accomodator (see Appendix C for a short description of these learning styles).

Each person uses all four abilities to a greater or lessor extent, but has developed a preference for one or two modes of adaptation to the world. The person can increase effectiveness as a learner or staff member by improving/increasing the use of the underemployed abilities (Kolb,1976).

Concern has been expressed regarding the appropriateness of any L.S. approach and the validity of the Kolb Learning Style Inventory (L.S.I.) because of the paucity of documented measured effects of its use (Sewall,1986). However, Merritt & Marshall (1984) have determined the validity and reliability of the Kolb L.S.I. to be .292-.537 and .547-.725 respectively,

using alpha coefficients, with nursing students comprising the sample. This leaves a lot of room for variability. The positive validity and reliability findings of Kolb's associates are subject to bias.

In spite of these concerns, there is a growing use of the L.S.I. to identify medical and undergraduate students according to type in order to teach them better (Curry,1983, Sadler, Plovnich, Snope,1978) Nursing research has been concerned with individualized teaching and remediation (Bello, Haber, King, King,1980, Schaffer, Stuart, Indorato, Deneselya,1972) with occasional reference to L.S. (Christiansen, Lee, Bugg,1979, Clark,1978).

As Knox puts it so succinctly: "shifts in learning style also reflect developmental trends in personality during adulthood. Aspects of personality associated with learning style include cognitive style and growth, ego development, and moral development (Knox,1986,p.22). Knowledge about learning style allows selection and organization of useful learning activities. The assumptions that most theorists have is that moral and intellectual development is sequential and can be documented.

Questions of This Study:

The tantalizing question arises whether nurses change in their moral outlook on life as they encounter more ethical dilemmas. When nurses enter their studies, have they already implicitly and/or explicitly adopted an ethic of care? Is it possible to measure these students' level of moral and intellectual development? Does their moral development parallel their intellectual development?

Statement of Objectives:

To explore means of establishing the moral and intellectual levels of student and graduate female nurses following the work of Belenky, Clinchy, Goldberger & Tarule (1986) (who take into consideration the work of Kohlberg, Gilligan and Perry) through an exploratory case study of nurses who are presently students or who have graduated from John Abbott College in Ste Anne de Bellevue, Quebec, with a view

1. to establish if the moral and intellectual development of the participants follow parallel courses
2. to determine whether the participants adopt either or both a justice and a care approach (or neither) to

moral questions

3. to determine whether the novice student has already adopted an ethic of care

4. to determine if the nurses have changed in their moral outlook over time from novice to experienced graduate.

Sample,Method and Procedure

First year and third year nursing students were solicited through short classroom presentations. The project was explained and a request was made for volunteers to sign their name and telephone number so that the project could be explained in greater detail before they decided whether to participate (Appendix D details the form). Graduates known to the faculty to be working in an intensive care setting were solicited by telephone after having been approached by another faculty member who briefly explained this project and requested their telephone numbers if any wished to hear more details.

The participants formed a purposive group of seven with a mean age of twenty two years and an age range of nine years. There were two first year students

in the middle of their first semester with no exposure to the self development thread in the new programme, two third year students in the middle of their fifth semester and a third student midway through the sixth and final semester. Combining school and work, the two graduates respectively had experiences of five and six and one half years. Graduates working in an Intensive Care Unit (I.C.U.) were sought because it was felt that they would have come across more acute dilemmas when providing nursing care than those graduates working on a ward where work might be more routine.

These women shared their experiences, fears and joys in hopes of shedding new lights on nursing and nursing education. The interviews were audiotaped either at the College or at participants' homes and transcribed onto computer disk and thence to typed reports. In return, the Kolb L.S.I. was administered with each participant to help them increase awareness of their learning style so that they could increase their effectiveness as a learner or as a staff member.

A modified Women's Ways of Knowing Interview Schedule was developed combining the updated schedule (1988) provided by Dr. Belenky which is shorter than

the original, the Real Life Moral Dilemma (Gilligan) and the Heinz dilemma as found in the original schedule. (See Appendix A for the interview schedule). The interviews were conducted in October and early November of 1988 and took from one and one half to three hours to complete.

Analysis of each typed interview was carried out using 1) the summary of the Belenky et al schema for intellectual and moral development to be found in Appendix A for the epistemological section, 2) A Guide To Reading Narratives Of Moral Conflict and Choice For Self And Moral Voice (Brown,1988), and 3) an assessment guide for teachers to reading Kohlberg's stages of moral development (Porter & Taylor,1972).

Ethical Considerations:

All participants were solicited with as much care as possible being paid to full disclosure of what was expected including the fact that the interview would be audiotaped. Code numbers were chosen to ensure anonymity and any identifying data locked away to be known by the interviewer only. Participants were

assured that they could withdraw or refuse to answer any or all questions without penalty. In the future, every attempt will be made to ensure that this interviewer does not have these participants as clinical students to ensure lack of research bias in their performance evaluations. It was clearly stated that students' academic standing and graduates' employment status would in no way suffer as a result of non participation or participation. All other college testing is done on a multiple choice basis which disallows subjective interpretation by this interviewer.

Analysis:

As the number of participants is small and purposive in nature, generalisations to the larger nursing population based on statistical analysis would be highly suspect. However, chi square was used in an attempt to contrast patterns of development within the group itself. See Appendix E for statistical summary and graphs. The major analysis was done on the content of the interviews in an attempt to identify

intellectual perspectives of the participants and their ethical approaches to situations. The situations were either predetermined as in the Heinz dilemma or a real life dilemma that the participants have encountered in private or professional life. Fictitious names are given to each participant for ease of discussion.

The interviews proceeded at the pace set by the participants, and explored their views of education, relationships, learning and moral dilemmas. The perspectives outlined by Belenky et al were used as guides for the analysis. The perspectives are: 1) **silence** wherein women find themselves mindless and voiceless, 2) **received knowledge** whereby women can receive and recreate knowledge given to them by external authority figures but cannot create their own, 3) **subjective knowledge** where truth and knowledge are personal and private, 4) **procedural knowledge** in which women are keen to know and gain this knowledge in an objective way and 5) **constructed knowledge** in which all truth and knowledge are contextual and created by self and others. Analysis will procede using the perspectives outlined by Belenky et al. As would be expected in a college sample, there were no

participants at the silence level.

Received Knowledge

Nan was the single participant at this level of knowing. Her knowledge came from others and she felt uncomfortable at the thought of questioning the knowledge - "Maybe it's better that we don't understand everything that we get fed as information. It's maybe better that we don't understand". To the statement that incorporates looking at something from another person's point of view, Nan responds that she should adopt this stance more often as "I think it's a way of getting used to being told and of accepting answers". Situations are judged as right or wrong. Nan feels unable to respond to subjective impulse - "I just can't act on impulse", although there is a glimmer of subjective knowing when she states "there are times when you have this gut feeling and you can go by it".

The world is a big place for her to tackle and people who view it as wonderfully complicated and elusive are pessimists in her thinking. Truth is what she is told, although she disguises it with words that echo other perspectives - "We were given this example...[of an old cranky lady]...but you have to be

[bold added] open minded" - assuming the moral stance of the receiver learner (Belenky,p.46).

Authority is paramount as truth holder and she places herself along the hierarchical order. "The teachers are the ones who have the curriculum, are the ones who know what you have to learn and they give you the information". The teacher passes on knowledge that has been learned from even higher authorities, and makes "class more interesting". She would doubt what someone said who had a low I.Q. or less experience. "The teachers are the ones who have studied this and they know, they know more" and she will do as her mother says as "she knows best". Authorities cited were teachers "because they have more knowledge", the church and the "people who reinforce law". Understanding a topic means aligning with what the teacher says.

Self is denied; although one may have the right to an opinion, to accept people means that one must "forget about their ideas". She feels "secluded in myself or I don't trust myself".

Her dilemma involved a conflict with her father of whose bad tempers they [her sister and herself?] had been warned. It had occurred previously

"that he was violent" and she found herself losing trust in her father and switching to her mother. "I guess you tend to be mistrustful..(pause) and that scars you for the rest of your life". Care is articulated implicitly in the sense of her relationship with people and the conflict she had between survival and breaking the bonds of her relationship with her father. She is still dependent upon support from others and gives no indication of ability to nuture others. She did not want her self to be abandoned. (Care ethic level 1).

Justice is articulated in her dilemma from the position of power that her father holds over her (and perhaps over her mother). Her solution is to leave home as soon as possible like her sister did and the undercurrent to the discussion was that she or someone close to her had been harmed by her father. She will not challenge the authority of her father unless pushed for self survival. This is consistent with Kohlberg's level 4, and scoring on the Heinz dilemma showed Nan at 4(4[6]).

Subjective Knowledge

Betty learns through hands on experience best. She vascillates between whether she learns best from listening to someone who really knows or by being shown. She states she is unable to comment on whether she can count on her gut to tell her the truth. She was brought up to think before she did something but sometimes she feels "forced into not being able to think about it before you jump into it". She indicates at times that she has just recently made the transition from received knowledge with words like "it's not a very good attitude".

Truth is as disparate as there are numerous people - "probably the only time I ever stood up for what I believed in...I told her straight off that I'm not saying you're wrong; I'm just telling you not to tell me that I'm wrong...I can have my view. You can have yours". "It's a lot harder to look at it and try and see how another person feels and that's very important...if you want to survive". She has trouble thinking of a very powerful learning experience.

Betty appreciates being out in the working world where teachers aren't "watching over you" and

fellow students are there when you need them. She goes along with what her mother says because "she's not going to change". With authorities, she feels she is "the one that has to change and that is the way it is". However she believes she's had good discussions with clinical teachers whom, she suddenly thought during the interview, might be termed authority figures. She views what she has to say as right but that authority figures aren't wrong. By the third year in nursing , "you start to form your own opinions and ideas and it's not necessarily what the teacher says that's right".

Betty's sense of self is constantly shifting and ephemeral. She usually withdraws when disagreements arise; "I'm kind of quiet so I don't say much in conflicts", finding difficulty in articulation of her thoughts aloud. She wouldn't "cause trouble" by being a devil's advocate because it sometimes doesn't get you anywhere and you may get trampled on because of it". She tends "to (pause) push back a lot of thoughts or (pause)instead of facing up to them". She states she's lost for words during the interview. "I'm not very good at standing up for what I believe and sometimes I tend to go, go with the flow at times". She is still trying

to find herself; she blames her "terrible vocabulary" for her inability to articulate her thoughts. Her fragile self could not withstand the rigors of playing devil's advocate.

Her dilemma was so personal that she could not or would not articulate what was the situation. The image which she drew was of struggle with herself and she used "you" in place of the more personal "I" when describing her feelings. She considered herself and spoke of her need for "networks" of friends to help her in her decision making.

In spite of her egocentric problem, she saw it as very important "to look out to people to help" her make her decisions. She aligns self with care in her recognition of and need for relationships (Care ethic level 1A). "Truth for these transitional women is particular and grounded in the first hand experiences of others most like themselves" (Belenky et al,p 60). Discussion of her dilemma did not provoke any images of a justice orientation other than that "right action consists of that which instrumentally satisfies one's own needs and occasionally the needs of others" (Porter & Taylor,1972, p.3). Stage 2 is also articulated in her

discussion of the Heinz dilemma. Betty is struggling to find her self that floats in various directions depending on the reflection of others' expectations.

Procedural Knowledge

Susan, Jane and Wendy were all in a procedural mode of learning and acting. Susan and Jane were identified as separate knowers and Wendy as connected. Their experience in nursing ranged from .25 to 5 years of experience in nursing.

Jane showed some remnants of subjectivism particularily when speaking about what was true for her. When she is emotionally involved she can't be logical, feeling she's entitled to her opinion. She shyly mentions that she gets feelings about people or things bordering on the psychic. When she has strong opinions about something she finds it difficult to see others' views.

Otherwise Jane felt her best knowledge came from books and prided herself on being logical in spite of her husband's disagreement with that point of view. Learning is viewed as "hard stuff" that begs organizing. She is busy acquiring knowledge so that she can back up what she says. Jane uses the lens of a

discipline "to make sure you're trying change the right thing". Playing at devil's advocate allowed her "to think I'm trying to see everyone's point of view before making a decision. Sometimes debate just for debate's sake can be fun", although she saw the role as playing at being difficult.

Susan had firmly taken in hand the attributes of the separate knower. Knowledge is acquired as the result of disciplined study that produced irrefutable evidence for solving intellectual questions - "you know it's right. I have the rationale" and her friends respond: "okay, I know it's right". Critical thinking is valued and what's true comes from a book. Subjective knowledge is suspect - "I guess everyone has their own instincts but usually I don't. I mean I'll try and look it up somewhere else. I might have a feeling that an answer is right...but I don't really rely on it". Problem solving is accomplished through thinking before acting. The devil's advocate approach has infuriated her because someone is trying to disprove her theory.

Truth for Jane is presented in a logical fashion, usually in a dictionary or book. She plays the doubting game well with a view to finding the most

beneficial result. Truth is open to interpretation - "seek out different opinions and then form my own ideas". Life is seen as an adventure, which viewpoint allows one to see oneself as not a failure when unable to figure it out.

Susan needs proof as well before she believes something is true and it comes from books, although "you always believe your friends because you're part of them, you know. Everything they say is true". Correct procedure is followed when writing exams, studying and searching for answers. The world is wonderfully complicated when relationships come into the picture, perhaps because others "have to prove their point too".

Jane and Susan believe in an intellectual elite which must demonstrate its expertise. In high school Jane was kicked out of class for disagreeing with the teacher but she knew she was right and "I'm not going to take it to heart". She feels free to engage in questioning with teachers who don't make you "feel dumb".

Susan finds now that she is two and a half semesters into Nursing, that Nursing is competitive. Authority deserves respect both in school and at work.

Students can reciprocate by discussion with teachers because this demonstrates trust in them. Although there are glimmers that a student might have important contributions to make, she'd still have to show the proof. She feels in a dangerous position with authorities where she works part time until a sense of trust is built up - "the first day with my head nurse I wouldn't go up to her and start disagreeing, you know. It had to be after I worked there for a few months and got to know her and she's got to know me". She strives to adopt a perspective that is admired by her adversaries.

It is remarkable how well Jane and Susan have mastered separation of self from objects and others, suppressing the self in an impersonal stance. Jane started off a while ago by prefering to sit in a corner with a book when visiting friends and still finds it "easier to do with people who are more detached than me". She plays devil's advocate for fun. Susan fuses her identity with that of her friends "because you're part of them". She attempts to put her prejudices aside in Nursing and not bring in her personal problems or experiences. She tries not to disagree with others,

preferring peace.

Jane's dilemma involved whether or not to stay in her marriage. Her decision making was based on what was good and bad and she used a procedural approach to define the problem and the solutions to looking after herself. Her decision was " to, sounds selfish, but look after myself but also be more responsible for myself. So I guess being positively selfish, I guess". Her self was not aligned with care but more in the balancing act of justice regarding who was more important. This is consistent with Kohlberg's stage 4 as was also confirmed in her handling of the Heinz dilemma.

Susan needed to have a dilemma of nursing a terminally ill client presented for her to deal with. She uses the general moralistic language of "should" frequently. She is unable to speak up for the client preferring to use the head nurse as the intermediary. She describes herself performing many caring behaviours on the client's behalf. Self sacrifice is evident in her pronouncements that the doctors do something and "we deal with the consequences". Recognizing the validity of her ethic of care, she succumbs to loss of

voice when faced by the ethics of the doctors. She feels powerless to voice support for an ethic of care but would continue to show care in other ways without interfering with others' practice (Care ethic level 1A). This position seeems consistent with Kohlberg's stage 4(5) and in dealing with the Heinz dilemma she achieved a rating of 5(4).

Wendy procedes from a theme of understanding - "I'll get it from them first and then I'll read up on it later and try to apply what they said to me and showed me to what I read in a book". Being in a new area where there is a lot of technical expertise required, Wendy suspects her subjective judgment - "didn't I learn anything in the past years?" Decisions are made with more passion involved and then inspection of others' viewpoints. In claiming that she does not have enough knowledge, she forgets that she is talking about technical knowledge and not that of caring behaviours. Wendy spends hours systematically pouring over books because she suspects her own expertise - "you really have to think all angles". She has developed procedures for getting at others' knowledge safe in the implicit belief that she can approximate

their expertise. Understandings are shared empathetically.

Truth emerges through believing in others as well as unstructured "hands on" teaching in relational settings. "Maybe we are both right but have different, you know, like maybe we are both right but it's for different reasons". Her procedural needs emerge in needing to have "someone to explain every little thing that happens to put one and one together and come out with two". Her disciplined approach does not lead her to be a devil's advocate because it could get her into a lot of trouble: "it almost shows you don't trust anybody and you're looking for the fault in everybody". Truth can be obscured by subjectivity - "just because you believe something doesn't necessarily mean that it's right".

Authority comprises the intellectual elite who also have experience. Wendy respects expertise and through training she expects to attain the same status. Authority is generally spelled with a small "a" and it rests on a commonality of experience. This seems to hold true with all but her father with whom she cannot speak when they disagree and with the doctors whom she

has trouble approaching when advocating for a client.

Her sense of self loses its voice when confronted with conflict - "I just keep to myself and I don't say anything and I just boil inside. That's how I am". Similar to Betty, she also goes with the flow but is more passionate in her inner boiling. Similar to Jane and Susan she has separated herself from the object but responds differently to others.

Wendy also needed to have conflict of the terminally ill client presented to her. The choice as she saw it was whether to speak up for the nonverbal client on her behalf when something is being done to hurt her. Wendy doesn't like what she sees happening at times but is unable to speak up about it. It is as if she is paralysed by the power structure on the unit. She implicitly aligns with care but does not clearly articulate her dilemma; she does not yet own her moral voice (Care ethic level 2). She implicitly articulates justice in responding to the heirarchical structure of the unit and hospital. This is represented in Kohlberg's stage 3 and it is consistent with the findings in the Heinz dilemma presentation.

Constructed Knowledge

Alice and Sarah have integrated reason, intuition and others' expertise to a greater or lesser degree. Sarah states:

> "I go on gut instinct a lot of the time. So for me, that's probably how I make up my mind on [sic] the last resource if I can't make it up by thinking it through...all of a sudden it just seems clear to me".

Playing devil's advocate "triggers people's mind to think of other things". The world is a palette of shades, and is filled with "all little quirks and everything". She is continually learning; she constructs her knowledge, digging to ferret out information

> "to find what makes them say that. And then I usually make my opinion. And if it makes sense I'll say so and I will probably change my mind. I think everyone has a way of seeing things and sometimes we can enlighten each other. As long as we give each other a chance to talk and listen to it" .

Alice finds herself to be the impulsive type to

which she attributes self knowledge. She tends to confer with others regarding what's right but less so than in the past because she tends to know immediately what's right for her. She constructs her knowledge from the little bits of information she receives from her friends and combines it with her thoughts. Systems of thought can be examined and are multifaceted; she has developed her own system for learning. She relies on intuition.

Truth is determined for both of these women within contexts and relationships. Alice states "I just take into consideration as many factors as I can" and that the many answers to questions must be communicated. "It's amazing how people perceive things and learn, like it's largely a cultural thing too. It's how the other person can speak the language, experiences, intelligence".

Sarah admits that listening to everybody's side might result in a decision that is at her expense but cares enough "to satisfy more people", recognizing that there is more than one answer. Truth is so contextual for this articulate student that she was perceptive enough to realize that "someone can always bring

something that you haven't thought of...you can forget something and it can change the decision entirely". This openess to different possibilities doesn't hinder Sarah from making decisions as she reports after the interview about positions of leadership where she has had to make the final decision which some did not like.

Both self and teachers have contributions to make and students are due some respect by teachers; this is reciprocated by students respecting the greater experience that teachers usually have. Sarah not only respects knowledgeable people but has also assumed the mantle of leadership herself. Alice echoes this perspective: "if a student has a clear enough idea of what is being discussed, their ideas are just as important as what the teacher feels and says".

It seems clearer to these women that there is a separation between what is fact (and therefore not as open to discussion) and what is opinion. These women recognize their ability to form opinions and have the courage to state them and to follow through on their judgments.

Sarah and Alice clearly articulate their experience and demonstrate a core stability, an

acceptance of themselves as well as others. Alice deliberately exposes herself to cultural variations to increase her perspective of self and of the world.

Sarah relates a situation that caused a lot of conflict for her when she was still an adolescent as well as a recent hospital situation where invasive measures were being contemplated for a non verbal client. The first decision was seen to involve betrayal of one or the other parties. She resolved the situation by deliberately creating a situation where each party was able to assume responsibility for their mutual relationship. The hospital situation was resolved by her implicit assertion of an ethic of care for the non verbal client. The key images are of struggle within herself, which she was able to overcome. She is aware of the power structure in the hospital but sees dichotomies between trust/mistrust rather than equality/inequality as a student. "The situation, intentions and consequences of an action are of primary import here, not the evaluation of others" (Brabeck,p.70).

Sarah states that we're very unsure of ourselves in Nursing which in the context of the overall

interview may be construed to mean that she is awakening to the responsibility one has to pay attention to self. The hospital situation motivated Sarah to show care and responsibilty for others and to stop thinking of herself as a "dunce" (Care ethic level 2A). Alignment with justice is not particularly noticeable in the situations given. When contemplating the Heinz dilemma, she scored 5(3). This student shows tempered passion when she quietly says she's not as much for confrontation as before.

Alice expressed a dilemma for her regarding whether she should leave Nursing and pursue another career. She also responded with a hospital dilemma when requested, concerning a non verbal client who was acutely ill and kept alive by extraordinary means. She stated her case for care to the doctor who wouldn't listen because, she felt, doctors are poorly prepared for handling situation where they can't cure. She articulated choices between quality of life versus quantity. Alice perceives herself as comfortable with an equality between health workers to the extent that she feels nursing has authority which is mocked by the physicians' misuse of their legal authority and

disregard of client desires. She demonstrates attachment to clients and families. At stake for her is feeling valued as an expert health professional (Care ethic level 3). She appeals to Kohlberg's stage 6 in her respect of the individuality and dignity of the person. She demands reciprocity of respect which unfortunately is not forthcoming from her medical coworkers. On the rating in the Heinz dilemma, Alice scores 6(4[6]).

Table 1 summarizes the various perspectives of each woman:

TABLE 1

	EPIST	CARE	KOHL	EXP	AGE	KOLB
NAN	1	1	4(4[6])	.25	17	Assim
BETTY	2	1A	2	2.8	22	Accom
JANE	3	?	4(6)	.25	26	Assim
SUSAN	3	1A	5(4), (4[5])	2.25	20	Converg
WENDY	3*	2	3	5.0	24	Assim
SARAH	4	2A	5(3)	2.25	21	Diverg
ALICE	4	3	6(4[6])	6.5	24	-

Data are available for six participants in terms of their scores on the Kolb L.S.I. which are plotted in Figure 2, page 47.

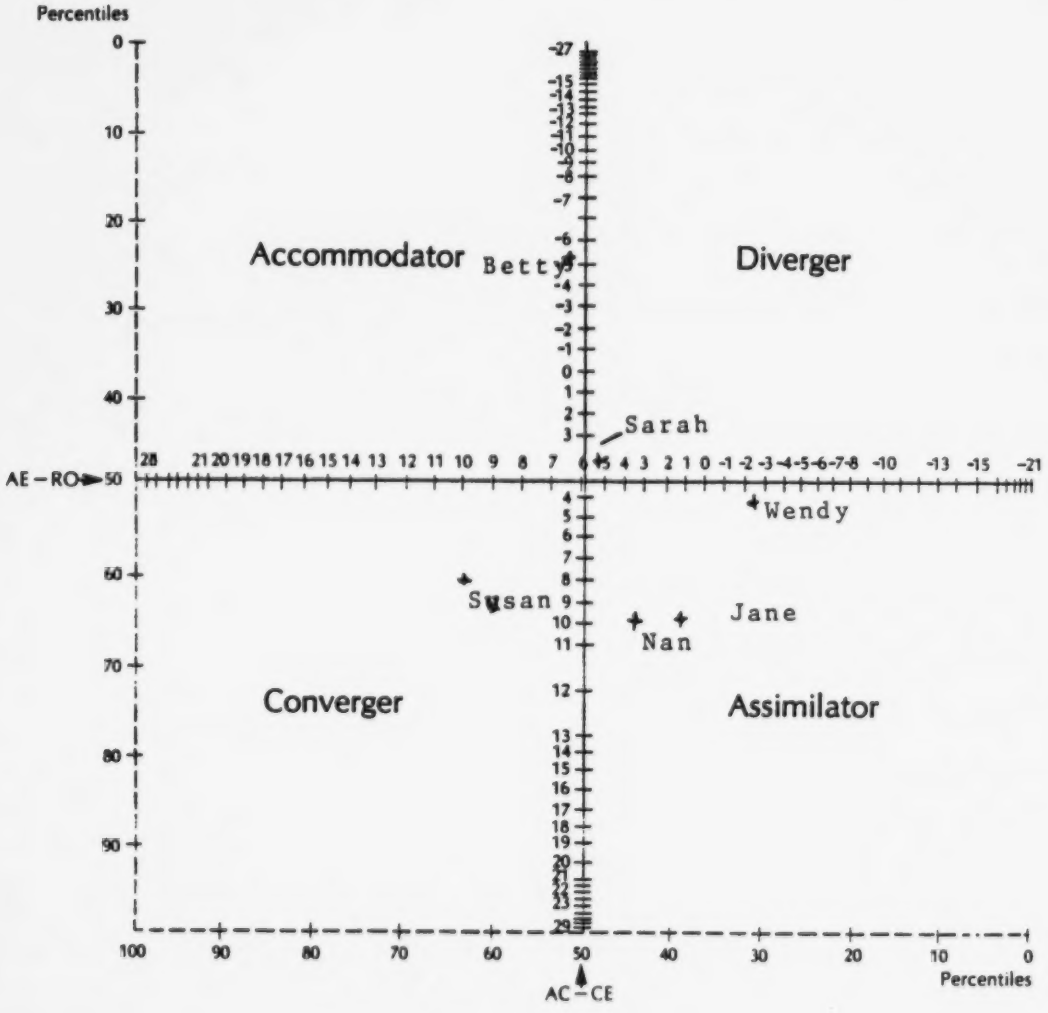
Learning-Style Type Grid

Take your scores for the four learning modes, AC, CE, AE, and RO, listed on page 4, and subtract as follows to get your two *combination scores:*

☐	−	☐	=	☐	☐	−	☐	=	☐
AC		CE		AC − CE	AE		RO		AE − RO

A positive score on the AC − CE scale indicates that your score is more abstract. A negative score on the AC − CE scale indicates that your score is more concrete. Likewise, a positive or negative score on the AE − RO scale indicates that your scores are either more active or more reflective.

By marking your two combination scores, AC − CE and AE − RO, on the two lines of the following grid and plotting their point of interception, or *data point,* you can find which of the four learning styles you fall into. These four quadrants, labeled Accommodator, Diverger, Converger, and Assimilator, represent the four dominant learning styles.



The quadrant of the Learning-Style Type Grid into which your data point falls shows your preferred learning style. For example: If your AC − CE score was −8 and your AE − RO score was +15, your style would fall into the Accommodator quadrant. An AC−CE score of +7 and an AE − RO score of +10 would fall into the Converger quadrant. The closer the data point is to the center of the grid, the more balanced is your learning style. If the data point falls near any of the far corners of the grid, you tend to rely heavily on one particular learning style.

The overall impression is that one's care perspective aligns fairly closely with epistemological position as well as with life experience that involves making proactive decisions. Age, years of experience in Nursing and rating on the Kohlberg scales do not seem to interrelate with anything. A decision was made during the course of the interviews to include the L.S. scores in with the data; it is interesting that amongst the participants for whom there are Kolb scores available that the student whose L.S. most closely approaches balance amongst all four learning styles also is at the constructed perspective of knowing self and integrating with the world. Susan is also an outlier in terms of her age and nursing experience in relation to Kohlberg scales. Within this small sample, for all the statistics are worth, this is also borne out in the statistical summary of results (see Appendix E).

Conclusions

Any conclusions drawn from a study of this size must be tempered with the realization that generalizations to a larger population can not be made. The sample is not random and it is not clear why

participants volunteered. There are many unknowns about the participants and any and/or all responses may fall into the tail of normal distributions if more were known about the participants and larger samples were examined. The responses may be compared to Piaget's "instances of the possible" that with further research fit into the design of a larger quilt.

John Abbott College is located in the west island of Montreal; the majority of students are single, under age 20 at entry, come from advantaged, largely anglophone families that live in the West Island or just outside its perimeters. The nursing department contributes 40-60 graduates per annum to the approximately 1400 new nurses granted a license to practice nursing in Quebec by l'Ordre des infirmieres et infirmiers du Quebec annually. Of the 96 entrants to the nursing programme at John Abbott, 60-75% graduate and write the licensure exams. This sample represents only 10% of those graduates.

The study was limited to females partially to decrease the number of variables and partially because of the low numbers of male students in Nursing. Further research may reveal variations on epistemology and

moral development when males are added to the sample.

Only one person, the interviewer, analysed the data; bias and inexperience with the material may have distorted the analysis and prejudiced the flow of the interview itself. In relation to the possibilities for insights into moral and intellectual growth that these interviews offer, this study is but a cursory glance at a gold mine.

Analysis reveals also that with each interview, the interviewer gained more expertise in asking questions that more fully revealed participants perspectives; the kind of questions asked outside the strict interview schedule outlined in Appendix A may have biased participant answers. Sarah was the last to be interviewed and was included in the study, despite an earlier decision to limit the study to six, because she responded to my telephone message, indicating interest and availability to participate. During the interview it seemed her experience was different from others. Interviewer interest may have biased her answers.

The question still remains: what makes this one student stand out from the rest in the sample? The

answer would seem to lie in the learning that has occured with life experience. Her father died at a young age and she had a powerful learning experience when a teenage friend with suicidal tendencies and her parents turned to Sarah for help and Sarah responded to the situation, gaining insight about the world and her self in the process.

These learning experiences would seem to indicate that real life experience that produces reflection, demands action and articulation of one's perspective results in growth in both the moral and intellectual domains. All seven of the participants have real life experiences, but five of them either lack the courage of their convictions or are not yet capable of separating their convictions from those of authority figures. The two women with the more developed perspectives have developed the courage and self confidence to follow through on their convictions even in the face of opposition from others. Sarah, a third year student, is matched in epistemological perspective by Alice who has three and one half years working experience in the I.C.U. and Sarah approaches her in moral development. As responsibility to self was not

articulated clearly enough in the interview situation, Sarah is placed at Gilligan's second level in the ethic of care, i.e.: From Goodness to Truth.

It was unclear from the interviews with Jane as to whether she has adopted an ethic of care. If it were true that she had not assumed a care ethic, then it would seem impossible to state that all nursing students at entry have some affiliation to the caring ethic. It has been exciting how clearly the participants revealed their epistemological perspective according to the work of Belenky et al (1986).

Implications

Kolb's L.S. theory is based on experiential learning. "Knowledge is continuously derived from and tested out in the experiences of the learner" (Kolb,1984. p.27), citing William James and John Dewey as proponents of a theory of continuity of learning as a powerful truth.

To learn and to grow requires a spiral reciprocity between thinking and doing, concreteness and abstraction. Formal education at any level may put more emphasis on one area than the other, requiring the student to fill the gaps for themselves.

Identification of L.S. preference and the balance achieved by the learner in all four segments of the L.S. wheel may prove to be an indicator of the intellectual perspective of the student. Knowledge of where the students' strengths lie should lead to teaching that uses the student strengths as well as certain teaching strategies to bolster L.S. areas of weakness, thus achieving a more even balance in L.S. Classroom teaching should be directed at increasing an awareness of different moral approaches. The clinical and or lab settings could be used to gain experience in testing the approaches or evaluating the outcomes of the use of various approaches by different personnel.

Moral development leads to reflection upon and expression of the values one comes to hold dear. Moral education builds on native instincts and impulses and educators must be aware of what these are and what they are at each stage of development (Dewey,1959). Inferences needing further investigation are found throughout the literature indicating that males and females adopt different moral perspectives as well as rational or emotional intellectual stances. It may prove in the end that a combination of different

perspectives lead to more well thought out decisions such as ethics committees face.

Belenky et al have outlined five perspectives of moral and intellectual development for us to consider and it behooves us as educators to know where our students stand if we wish to aid in the growth process. "Neglect of this principle may give a mechanical imitation of moral conduct, but the imitation will be ethically dead because it is external and has its centre without, not within, the individual" (Dewey, 1959,p.48). He continues that knowledge of modes of personal experiencing lead to knowledge about students moral potentialities. "Good judgment is a sense of respective or proportionate values. The one who has judgment is the one who has the ability to size up a situation"(Dewey,1970,p.51).

Benner (1984) advances that

> "expertise develops when the clinician tests and refines propositions, hypotheses, and principle based expectations in actual practice situations. Experience, as it is used here... results when preconceived notions and expectations are challenged, refined, or

disconfirmed by the actual situation. Experience is therefore a requisite for expertise". (p.3)

In order to develop judgment, amongst other skills, one must be able to see things from a variety of perspectives in order to choose the course of action that is morally responsible. Education that implicitly and explicitly develops judgment skills will prepare student nurses for the judgments they must make in the working world. If nursing adheres primarily albeit not exclusively to an ethic of caring, nurse educators must provide experiences in the classroom, laboratory and clinical areas with the objectives of providing knowledge about alternative ethical approaches and experiences attuned to the epistemological perspectives of the students. If a nurse who has implicitly adopted an ethic of care cannot articulate her perspective, she may, as Wendy appears to have done, succumb to paralysis of action which is one of the vulnerabilities of the care ethic (Brown,1988,p.96).

A curriculum responsive to the epistemological positions of students would provide learning experiences that guide the student to more comprehensive understanding and action. A teacher who

was aware of the perspective of Nan and Betty would tread carefully so as to not damage the fragile sense of self that has emerged and would gently introduce the idea that there are other perspectives to life. In resisting the chances to become "devil's advocate", Nan, Betty, Jane, Susan and Wendy limited their experience and learning. For those students in the procedural position, teachers could plan experiences that would be discussed from a variety of outlooks as well as the consequences of taking action, leading to development of strategies for action. Success breeds success; caring behaviours that result in care coexisting with cure rather than being subsumed by it may provoke recognition in the hospital environment of the authority of the nurse.

Yes! We are speaking of power structures in the hospital and of the legitimate authority of the nurse. The legal system has endowed the physician with the right to admit, cure and discharge the client. The legal and moral imperative of the nurse is to provide care and to speak for the clients who cannot speak for themselves. To do this requires articulate providers of care who are confident in themselves and can empathize

with various perspectives. This articulate state cannot exist solely based upon implicit teaching when occasions arise in the clinical setting. Too many students do not come across a wide enough variety of situations that have ethical implications or don't realize when they have stumbled upon one. Teachers may not have the time or resources to deal with each situation as it arises.

The classroom and lab provide opportunities to weave throughout the three years of the programme discussion of ethical stances and from where they arise, self development exercises to help clarify values and directions, and case studies that help differentiate possible approaches to situations. An "appointed" devil's advocate may be useful to stimulate thought from positions of what one knows and is comfortable with to what is possible.

Clinical experience provides the testing ground for situations that the student has reflected upon in class or lab. Unfortunately in the reality of providing as much practical experience to students as possible and accomodating the slower student, it is not always possible in the clinical situation to have enough (or

any) time to fully explore the ethical parameters inherent in the day's work. Time must be set aside for seminar groups or discussions with mentors about the ethical problems encountered by the student in the clinical area. The student must be encouraged to articulate the various perspectives possible in the situation and then decide which is the one to which she feels most strongly inclined. As a practitioner, the graduate must be able to articulate on a daily basis to herself as well as to others the perspective she feels is best for the client in the circumstances.

As ethics has not been part of most nursing teachers' education, few are knowledgable themselves about different options for approaching situations. Remedies to this teaching situation may include provision of seminars and workshops that increase teacher awareness and knowledge of ethics, and mentorships for students through which dilemmas that students encounter may be discussed on an ongoing basis. An environment supportive of student thought may encourage self confidence in assuming stances contrary to other health professionals' viewpoints when warranted. This self confidence would lead to a

graduate having the courage to speak out in situations where she feels immoral actions are being committed or the best option for action is not being chosen.

Graduates encounter situations where decisions need to be made or, when made, are ignored or over ruled as unimportant in the heirarchy of hospital structure. Ethics committees composed of all health professionals should be mandatory in hospitals, not only to develop overall direction of hospital policy but to provide a forum where different perspectives and ethical approaches can be given an airing and thence decisions made that are in the best interest of the client. Articulate nurses would be able to put forth solid arguments for the case as they see fit and decisions could then be made by consensus regarding the best course of action to take.

Articulation of various approaches in an impartial setting encourages respect for others views as well as diminishes struggle based on hierarchy. Bioethical decisions are becoming increasingly complicated as bioengineering advances; one must not lose the human dimension to the situation.

It would seem that if caring approaches were

given more weight in hospital situations, fewer nurses would leave the nursing profession because of frustration leading to burnout. Nurses are leaving and they are leaving in droves. Recent radio reports estimate 1400 nurses leave nursing in Quebec every year; it is imperative that care be reinstated in hospital policy if there is to be enough nurses to do the caring.

This case study approach has demonstrated that it is possible to establish the moral and intellectual levels of college and graduate female nurses. It is a time consuming and worthwhile enterprise. However, further research and development is needed to make the identification of student perspectives more easily accessible to respond to individual need according to epistemological level and ethical understandings.

Recommendations

1. **That this case study approach to moral and intellectual development of student and graduate nurses be replicated using a greater randomized sample,** possibly including other colleges and hospitals. Male participant input is needed.
2. **That double blind reviews be done by people familiar**

with these research tools in future studies.

3. That the possibility be considered of including right brain - left brain theory in the analysis of content in responses to Brabeck's listing of dichotomies between the care ethic and justice.

4. That Kolb's L.S.I. continue to be used to determine relationship if any. This L.S.I. is quick to administer and relatively cheap as compared to interview techniques.

5.That the possibility of a shorter route to determining epistemological perspective be explored, and developed if not already done, without compromising the value of the open ended interview. This would facilitate identification on incoming and current students as their perspectives change. Nevertheless, it must be remembered that there may be no shortcut, given the nature of the material.

6. That workshops and seminars, etc. be held to increase faculty sensitivity to the involved issues of ethical development and increase their knowledge of ways to approach teaching ethical dilemmas.

7. That a review be done of moral development and ethical literature available at John Abbott and placed

at teachers disposal for contemplation. If there is insufficient material, library acqusitions could be considered. A regular newsletter of new acquisitions could be circulated to faculty.

8. **That self development, value clarification and ethics be imbedded throughout the three years of the programme. This can occur in class, lab and clinical situations.**

9. **That a teacher as mentor programme be set up for students.** Mentors could be interested teachers from within the faculty who make themselves available to students during some portion if not all of the three years that a student is in the programme or if this is not practical because of uncertainty around hiring of teachers, on a yearly or semestral basis. This relationship could foster feelings within the students to approach faculty more freely to discuss situations that are of concern to the student. A mentor would be someone who finds this area of education challenging.

10. **That consideration be given to setting up learning situations in a modular way that allow the students to progress at their own rate.** These modules could be dovetailed to fit in with class or lab content and/or

reviewed with mentors on a regular basis. This individual approach can be attuned to the student's epistemological perspective and thereby producing change and growth.

11. **That hospitals provide ongoing ethics committees composed of a variety of interested, knowledgable people which would provide a forum for ethical discussion that allows nursing an equal voice.** This has direct implications for funding by the government; the thought of reduced nursing staff shortages would seem to lend impetus to the implementation of such committees.

12. **That workshops be held on an ongoing basis for nurses in Quebec to increase sensitivity and knowledge regarding ethical issues. These conferences should be rotated throughout the province to increase their availability to nurses and the cost should be minimal.** It may be necessary to include self development workshops during these sessions and/or through the medium of Nursing Quebec as an ongoing series in both English and French.

These are fairly extensive recommendations to make from an exploratory case study with a purposive sample

of seven from one small area of Quebec. However, as a photographic image appears as coloured points on a sheet of paper, this study may give a hint of how nursing education can be improved for our students and ultimately for the person in the hospital bed.

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APPENDIX

A

R & D Meeting No._____

Item No._____

EXPLORATORY CASE STUDY: A PROPOSAL

R & D

JOHN ABBOTT COLLEGE

Title Intellectual and Moral Development in College Student and Graduate Female Nurses

Proposer Sherrill Conroy

Submission Date October 14, 1988

Specific R.& D. Priority Areas 7.3 Institutional analysis student profiles

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A. Statement of the purpose of the study

September 1988 is the month when the **nouveau projet** is to be implemented in all nursing curricula across Quebec. The **nouveau projet** is a government initiated attempt to standardize and upgrade nursing curricula. This project has crystallized the need for nursing educators to introduce ethics and ethical thought processes to student nurses in a much more concrete way as opposed to the somewhat haphazard and ill defined method previously employed.

Most nurse educators are minimally, if at all, prepared to teach in this area; in addition, teachers are not necessarily aware of the level of moral or intellectual development of either the new student or the graduate.

The proposed case study will provoke relatively unstructured responses to questions that enable leveling moral and intellectual development as formulated by Gilligan (1982) and Belenky, Clinchy, Goldberger & Tarule (1986). These feminist authors postulate that Kohlberg and Perry 's measurements put women at a disadvantage because the inherent values based on the male as norm are antithical to those held important by women.

Analysis of responses will provide the groundwork for developing questions for future research in the field; the time is ripe to examine moral and intellectual development of students and develop a curriculum responsive to the needs of the female nursing students who form the vast majority of the nursing student body at John Abbott College.

B. Question to be pursued

The tantilizing question arises whether nurses change in their moral outlook on life as they encounter more ethical dilemmas. When nursing students enter into their studies, are they already committed to an ethic of care? Is it possible to measure these womens' level of moral and intellectual development?

C. Statement of objectives

1) to explore means of establishing the moral and intellectual levels of student and graduate female nurses following the work of Belenky, Clinchy, Goldberger & Tarule (1986) (who take into consideration the work of Kohlberg, Gilligan and Perry) and Kolb (1985) through an exploratory case study of nurses who are presently students or who have graduated from John Abbott College with a view

2) to develop a more promising approach to the question than is presently available

D. Method and procedure

Individual interviews with students in and graduates of the nursing programme will be tape recorded (see Section I for Questionnaire format) and transcribed in a form that can be accessed by a personal computer. Each participant will be assessed for learning style using Kolb's Learning Style Inventory (L.S.I.)(1985).

Participants will form a small purposive cross sectional sample to a maximum of nine in number. Two to three volunteer participants will come from each of the three groups: first year and third year students and graduates of three to five years ago. The students will be approached through a request for volunteers in the classroom; graduates will be sought through a graduates list of those working in a high risk area at the Queen Elizabeth Hospital.

Analysis will be performed on the resultant information using the scales developed by Belenky et al, by Gilligan, and by students of Kohlberg's theory at O.I.S.E.(Porter & Porter). Statistical analysis will include measures to which the data lend themselves.

E. Time frame

September - October:

- contact Drs. Belenky and Gilligan re respective scales
- approach college research committee
- approach nursing department (JAC) re research idea
- ensure ethical concerns are met
- organize secretarial transcriptions
- do practise interview to test for appropriateness of questions

October 1 - 18:

- submit proposal to JAC R & D
- conduct interviews
- interviews transcribed

October 15 - 31:

- analyse interviews

November 1 - December 15:

- write report

December 16 - January 10:

- copy report and submit

F. Budget

Typing/transcribing	
45 hours at $12/hr	$ 540.00
Printing	
purchase of audiotapes	14.00
xeroxing	50.00
computer supplies	50.00
stamps	10.00
Coding scales and manuals	
L.S.I. $ 63 Amer.	80.10
Gilligan coding manual $15 Amer.	19.90
Long distance calls/travel	35.00
Total	**$ 799.00**

G. Project Coordinator

Sherrill Conroy B.N. McGill University 1971

30 credits towards the M.Ed

10 credits - Performa Courses

H. Ethical Concerns

The participants volunteer to go through the interview process. Their oral informed consent is sought and they are aware their comments are being taped throughout the interview. The participants are aware of their right to withdraw at any time and also that they need not answer

any or all questions, without penalty. It will be made clear that students' academic standing and graduates' employment status will in no way suffer as a result of non-participation or participation. As a replacement teacher, should I work in the same semester as any of the students, I would ensure that no participant was ever one of my clinical students. All other testing is done on a multiple choice basis which disallows subjective interpretation by this interviewer.

Each participant will choose a code number by which all information will be identified. The participants' names and any other identifying information will be stored in a locked cabinet and known only to the interviewer.

It is recognized that the participant number is small. No attempts will be made to generalize findings to the nursing student enrollment at the college; instead, the small number allows for indepth analysis which may provide clues as to how to conduct research of this type in a meaningful way with a more substantial sample.

I. Questionnaire Format

Modified Ways of Knowing Interview Schedule

by

Belenky, M.F., Clinchy,B.M., Goldberger, N.R.

Tarule,J.M. (1988)

Probe after each question.

1. Think about times when you are trying to understand something new. How do you go about it? How would you describe yourself as a thinker? (or as a learner?)

2. How have you changed as a thinker or learner over the years?

3.Who was particularily important to you in your growth as a learner or a thinker? ..... Who held you back?

4. Think about the times when you and a friend really disagreed about something. Tell me about that.
Can you tell me about a time when you and a friend disagreed about what was true? Like when someone thinks one thing is true and you think something else is true?

5.Who comes to mind when you think about authorities? Think about the times when you have had an idea or opinion about something that differed from some authority's opinion. How do you handle situations like that? How do

you decide who is right?

6. In thinking about disagreements like the ones we've talked about, can there be more than one answer that is really right or true?

7. Now think about times when you and someone else really agreed about something, and it seemed important to you. What's that like for you? Has that ever happened to you with an authority?

8. In general, how do you think people get their knowledge and ideas?

9. Here are four statements that other people have made. I would like you to comment on each of these:

a) Sometimes classroom discussions are so confusing. I tend to trust more what a teacher says than what a student says. The student is giving her opinion; it might not be the right one. The teachers are always more or less right.

b) I like it when teachers <u>show you</u>, not just <u>tell you</u> what's what. I find it really hard to learn just from words.

c) I like it when teachers aren't above us - aren't being the boss. I like making my own decisions about what I'm going to learn.

d) I had one teacher who was really special. She knew a lot herself, but she still had respect for whatever we had to offer in class. She had a way of elevating what a student said. She got a lot out of teaching us and learning from us, and we learned from her.

10. Here are other statements I would like you to comment on:

a) When I need to learn something, I like to just listen to the people who really know about it.

b) I can really count on my gut to tell me the truth - the truth for me.

c) When I have a problem to solve, I use my mind. I like to really think things through carefully before I make a decision.

- Now, please order them in terms of the degree to which you agree with them.

11. Here are four other statements I would like you to comment on:

a) I think it is important to be objective and unbiased about things.

b) Once upon a time I really hoped I'd be able to figure the world out. I really thought if only I were smart enough I could figure it all out and settle things. Its

different now. Now I see the world as wonderfully complicated and elusive. Nothing ever gets settled. Nothing is resolved.

12. Two more statements I would like your opinion about:

a) I never take anything someone says for granted. I just tend to see the contrary. I like playing the devil's advocate, arguing the opposite of what somebody's saying, thinking of exceptions, or thinking of a different train of logic. Is this true for you?

b) When I have an idea about something, and it differs from the way another person is thinking about it, I'll usually try to look at it from that person's point of view, see how they could say that, why they think that they're right, why it makes sense. Is this true for you?

13. Looking back over your whole life, can you tell me about a really powerful learning experience that you have had, in or out of school?

14. Everyone has had the experience of being in situations where they had to make a decision but weren't sure what the right thing was to do. Could you describe to me a situation where you weren't sure what was the right thing to do?:

a) What was the situation? What was the conflict for you in the situation?

b) In thinking about what to do, what did you consider? Why? Were there other things that you thought of in trying to decide what to do? How did you weigh each alternative?

c) What did you decide to do? Why? What happened?

d) Looking back on it now, did you make the best choice? Why or why not?

e) Thinking back over the whole thing, What did you learn from it?

15. Now I would like to read you a little story and ask you some questions about it.

The Heinz Dilemma: In Europe, a woman was near death from a rare disease. There was one drug the doctors thought might save her. It was a drug that the druggist in the town had recently discovered. The drug was expensive to make, and the druggist was charging ten times what the drug had cost him to make. He paid $200 for the materials and was charging $2000 for the prescription. The sick woman's husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about $1000 which was half of what he needed. He told the druggist that his wife was dying and asked him to sell it cheaper

or to let him pay later. But the druggist said, "No, I discovered the drug and I'm going to make money from it."

a) What do think the problem is here? What should be done about it?

b) Should Heinz steal the drug?

c) If Heinz doesn't love his wife anymore, should he still steal the drug for her? Why or why not?

d) Suppose the person dying is not his wife but a stranger. Should he steal the drug for a stranger? Why or why not?

e) Suppose Heinz does steal the drug. He is caught and brought to trial. The jury finds him guilty and the judge has to decide on the sentence. Should the judge sentence him or let him go free?

APPENDIX

B

APPENDIX B

Summary of Epistemological Perspectives According To Belenky, Clinchy, Goldberger & Tarule (1986).

SILENCE

RECEIVED KNOWLEDGE

Knowledge - right or Wrong; black and White; literal interpretation; knowledge received from authorities; authorities reveal not construct knowledge.

Truth - absolute, universal, external to self; factual and concrete; only one right answer to questions.

Authority - authority holds truth; knows What is right; authority-dependent.

Self - denied or absent; externally determined and Validated; consequence of role assignment or labelling; static.

SUBJECTIVE KNOWING

KNOWLEDGE - idea is right if it feels right, gut knowing; knowledge springs from internal sources; can never really share thoughts and feelings; parrot elders.

Truth - as many truths as people; everyone has a right to own opinion; personal truth; truth is felt; subjective validity.

Authority - external authority is limited as experience of own experience becomes primary; trusts own judgment but plays the game; mistrusts or rejects external authority; no experts.

Self - ephemeral; constantly shifting; fractionated; felt rather than known and articulated; personal and private; function of context; egocentric - quest for self is primary; embedded in external definitions and roles.

PROCEDURAL KNOWING - Separate

Knowledge - form of knowing central; knowledge theme; quantifies response; critical thinking; adversarial; see the other in their own terms; formal; lens of a discipline.

Truth - subtracts personality from experience; justification; impersonal rules; impersonal procedures leading to justice morality; doubting game player; assume everybody is wrong; parroting leads to true but specialized voice; reasons unrelated to personal truth; discourses.

Authority - expect high standards of authorities in heirarchy; pitted against authority (feel in dangerous position); defensive against authority.

Self - weeding out of self; separation from object; mastery over object; self placed over object; reciprocity; loss of voice; suppresses the self; impersonal stance; feelings and personal beliefs excluded; speaks dispassionately; excludes own concerns and personal beliefs; adopts a perspective respected by adversaries; exclude adversaries feelings.

PROCEDURAL KNOWING - Connected

Knowledge - form of Knowing central; theme of understanding; qualifies response; develops procedures to get at others Knowledge; empathy; Know they can approximate others' experience With time; see the other in the other's terms; experiential logic informal; empathetic; lens of another person.

Truth - intimate; informal; unstructured; entails acceptance of other truths; connection. relationship; predominately connected leading to care morality; truth emerges through care; believing game; personal; particular; grounded in first hand experience; gossips; personality adds to perception.

Authority - authorities seen with a small "a" - more equal status; rests on commonality of experience.

Self - equality between self and object; responds to others in their own terms.

CONSTRUCTED KNOWING

Knowledge - a process; systems of thought can be examined, shaped and shared; all knowledge is constructed by self and others; reason + intuition + others' expertise.

Truth - passion + reason; truth is determined by context and frame of reference; different perspectives reveal different aspects; validity sought through combined question posing, dialogue, and intuition.

Authority - collaborative; both authorities and self have different contributions; collegial relations possible.

Self - dynamic, changing; synthesis of parts; core stability; personal and cultural construction; expereienced and articulated.

Thanks to Dr. Lanie Melamed for the original idea of sumarizing in this way.

APPENDIX

C

Four Learning Style types

as developed by D.A. Kolb

CONVERGER

People with this learning style are best at finding practical uses for ideas and theories. Technical tasks and problems are of more interest than social and interpersonal issues.

DIVERGER

This Style favors viewing concrete situations from many points of view. Observation is preferred over action. Brainstorming is a talent. There is a sensitivity to other people.

ASSIMILATOR

This style leads to an ability to take ideas and put them into a logical pattern. Abstract ideas and concepts are of more interest than people. Practicality is less favored than intellectual theorizing.

ACCOMMODATOR

"Hands on" experience is valued over theorizing; people with this style act on "gut" feeling rather than depend upon logical analysis. Technical analysis is less important than depending on other people's opinion.

- Adapted from Kolb, D.A. (1985). Learning Style Inventory. Boston, MA: McBer

APPENDIX

D

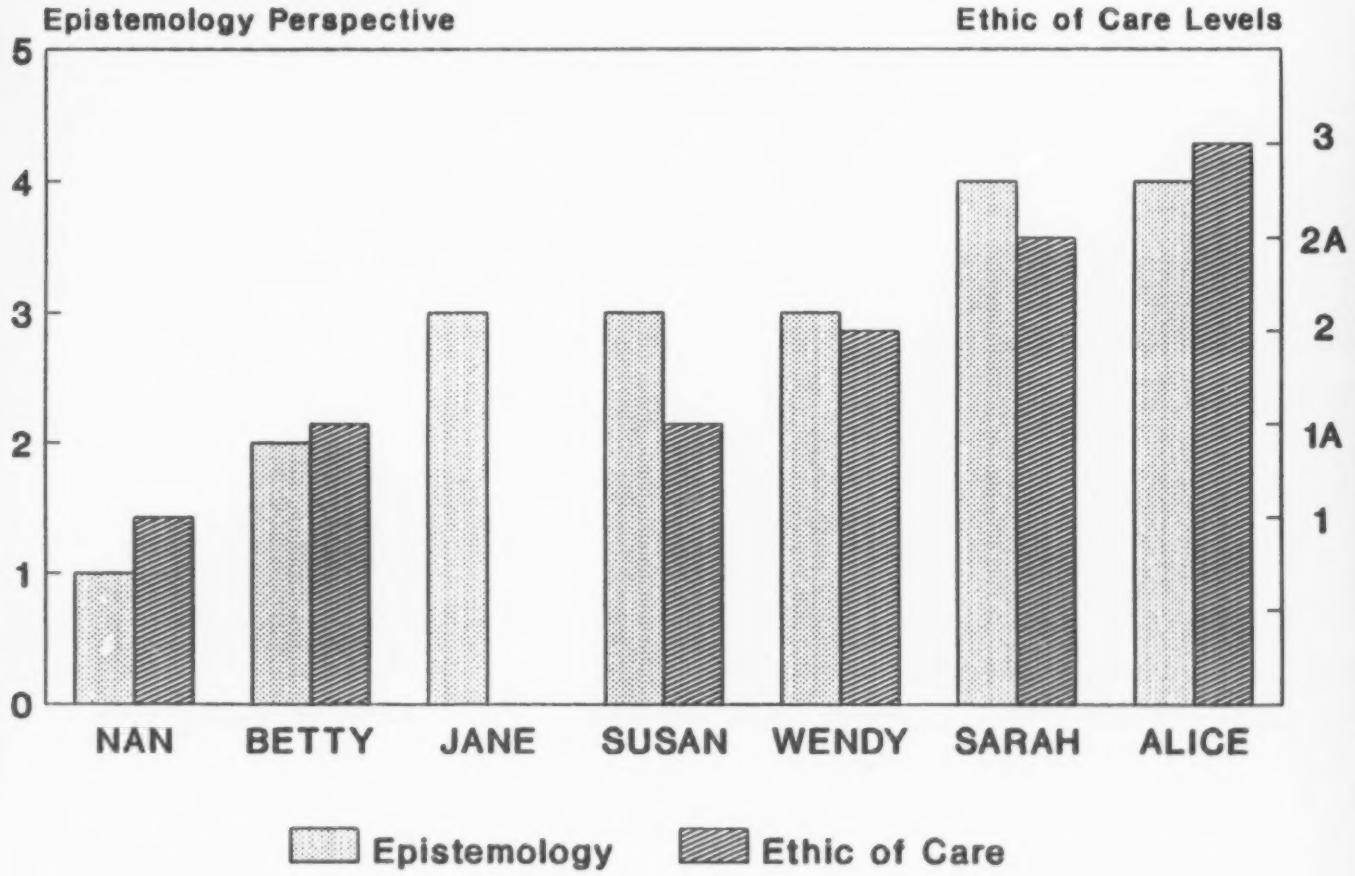
PLEASE SIGN BELOW IF YOU ARE INTERESTED IN FINDING OUT MORE ABOUT AND/OR PARTICIPATING IN SHERRILL'S STUDY.

NAME TELEPHONE NUMBER

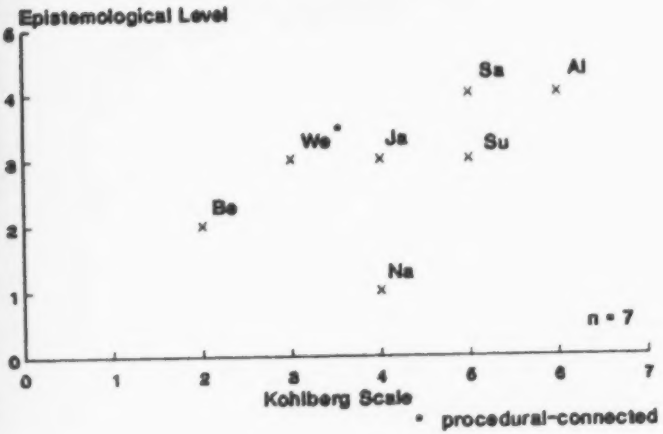
APPENDIX

E

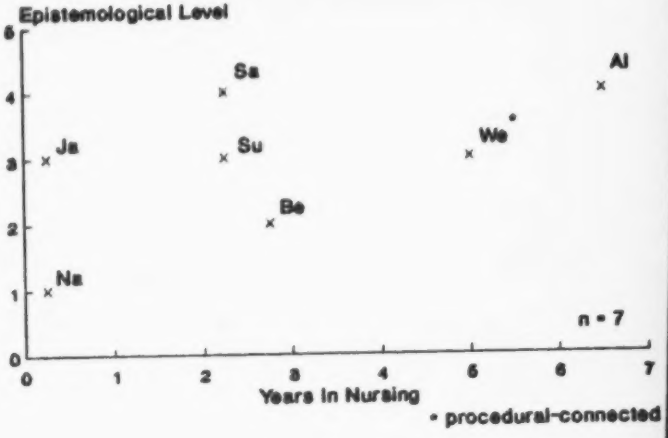
EPISTEMOLOGICAL PERSPECTIVE AND ETHIC OF CARE LEVEL BY PARTICIPANT



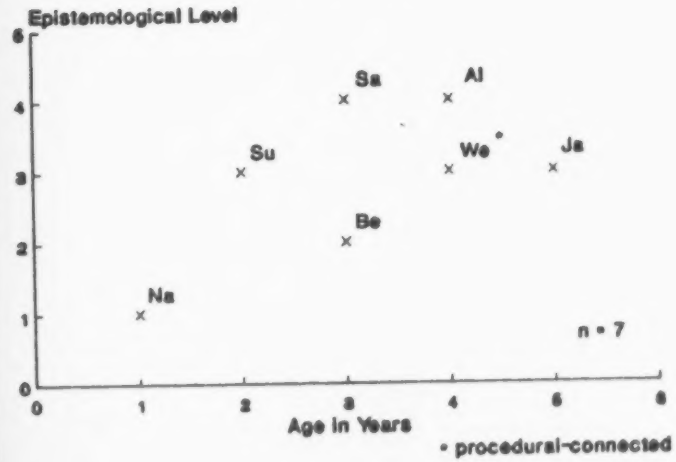
EPISTEMOLOGICAL LEVELS OF PARTICIPANTS
IN RELATION TO SCORES ON
KOHLBERG SCALE



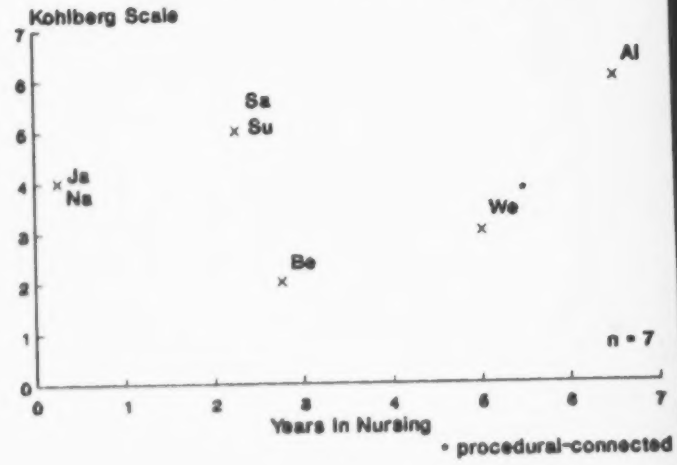
EPISTEMOLOGICAL LEVELS OF PARTICIPANTS
AS COMPARED TO NUMBER OF
YEARS IN NURSING



EPISTEMOLOGICAL LEVELS OF PARTICIPANTS
BY THEIR AGE



SCORES ACHIEVED ON KOHLBERG SACLE
BY YEARS OF EXPERIENCE IN NURSING



n=7	Gilligan scale	Epist. Level	Age (Yrs)	Yrs of Exposure to Nursing	Kohlberg Scale	Kolb L.S.	Gilligan χ^2	Epist. Level χ^2	Age χ^2	Yrs of Exp. in Nursing χ^2	Kohlberg Scale χ^2	Epist x Age F(3,25)	Kohlberg x Age F(5.5,25)	Epist. x Kohlberg F(7,35)	Epist x Exp F(7,3.2)	Kohlberg x Exp F(5.5,3.1)
Susan	1A	3f	20	2.25	5	AC AE / CONVERGER	.0031	.0229	.518	.0544	.4777	.0154	.4191	.0634	1.9235	5.105
Betty	1A	2	22	2.75	2	CE AE / ACCOMODATOR	.0031	.7373	∞	∞	2.958	∞	∞	.1946	∞	∞
Jane	–	3f	26	.25	4	AC / ASSIMILATOR	.4178	.0229	2.073	1.362	0.0126	.0030	.0276	1.3900	.0768	.0537
Nan	1	1	17	.25	4	AC / ASSIMILATOR	.0638	3.492	3.24	1.362	.0126	.3848	.0017	217.00	1.171	.0638
Alice	3	4	24	6.5	6	d / u	.2858	1.3496	.518	3.064	2.234	.9304	1.9602	1.29	.2013	.424c
Wendy	2	3*	24	5	3	RO / ASSIMILATOR	.0198	.0029	.518	1.103	.8395	.0154	.7366	6.55	.094	.4427
Sarah	2A	4	21	2.25	5	AE / DIVERGER	.1141	1.3496	.129	.0544	.4777	3.660	1.6820	2.219	.3411	5.109
							$\sum = .8796$ $\sum\chi^2_{Gilligan}$ df=.345 var=.6919 χ^2 tail =<5.02	$\sum = 6.9772$ $\sum\chi^2_{epst}$ df=7 var=.14 χ^2 tail =12.0170	$\sum = 6.996$ χ^2 age df=.25 var=5 χ^2 tail =6.9031	$\sum = 6.9998$ χ^2 Exp df=3.2 var=6.5 χ^2 tail = 7.184	$\sum 5.6$ $\sum\chi^2_{Kohlberg}$ df=5.6 var=11.27 χ^2 tail =11.83105	F_{crit} = 14.2	F_{crit} = 14.135	F_{crit} = 4.545	F_{crit} = 8.89	F_{crit} = 8.975

f - Procedural - separate
* - Procedural - connected
du: data unavailable

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